

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A.** Full Name (Last, First, Middle Initial)

**MR. CHESTER L. REMINGTON**

Mailing Address 12600 NE 118TH ST

City	State	Zip Code
KEARNEY	MO	64060-9102

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1075.00

**Transaction ID : SA17.795818**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

**MR. JAMES A. REMINGTON**

Mailing Address 2300 CEDARFIELD PKWY, APT. 263

City	State	Zip Code
RICHMOND	VA	23233-1942

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10400.00

**Transaction ID : SA17.641646**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

**MR. JAMES A. REMINGTON**

Mailing Address 2300 CEDARFIELD PKWY, APT. 263

City	State	Zip Code
RICHMOND	VA	23233-1942

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10400.00

**Transaction ID : SA17.714656**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**Subtotal Of Receipts This Page** (optional).....

4500.00

**Total This Period** (last page this line number only) .....